CITY OF HAMPTON
Participants Injury Report
PIR Form 5000
(Revised July 2015)

NOTE: PLEASE FORWARD REPORT TO RISK MANAGEMENT AND SAFETY.
Risk: Management Fax to (757)727-1470
Safety: Scan & Email to mawhite@hampton.gov

Injured Participant

Name of Injured Participant(Last, First, Middle)		Age		Sex ☐ Male ☐ Female
Name of Parent or Guardian (For Minors)		Date of birth		Job Title
Home Address	City	State	Zip Code	Phone Number

Time and Place of Injury/Illness

Location where incident occurred	Date of injury or illness	Hour of injury or illness a.m. ☐ p.m. ☐	Supervisor at the time of incident
Date injury or illness reported	Person to whom reported	Names of other witness	Weather condition ☐ Clear ☐ Rainy ☐ Cloudy ☐ Snowy

Incident Type

☐ Animal Bite ☐ Lifting
☐ Caught In /On / Between ☐ Push/Pull
☐ Fall Same Level ☐ Slip/Trip
☐ Fall Different Level ☐ Struck Against/By
☐ Illness ☐ Hot Surface Burn
☐ Insect Bite Other

Injury Type

☐ Abrasion ☐ None
☐ Bruise ☐ Skin Rash
☐ Burn ☐ Sprain/Strain
☐ Cut/Puncture ☐ Fracture
Other

Witness Info

Name of Witness

Phone Number	Home Address

Witness Info

Name of Witness

Phone Number	Home Address

Body Part Affected

☐ Left ☐ Right / ☐ Abdomen ☐ Groin ☐ Toes ☐ Hand ☐ Fingers ☐ Ankle ☐ Wrist ☐ Arm ☐ Head ☐ Back ☐ Hip ☐ Chest
☐ Knee ☐ Ear ☐ Leg ☐ Elbow ☐ Mouth ☐ Eye ☐ Neck ☐ Face ☐ Nose ☐ Shoulder ☐ Other

Injured Participant's Action

☐ Bending ☐ Driving ☐ Riding ☐ Running ☐ Sitting ☐ Squatting ☐ Standing ☐ Walking ☐ Swimming ☐ Other

Program participating in: (check all that apply) ☐ Open Recreation ☐ Fitness ☐ Aquatics ☐ Outdoor Activity ☐ Sports_____
☐ Instructional Program ☐ Summer Camp ☐ Sport Clubs ☐ Playground Activity ☐ Other:_____

Describe In Detail How Incident Occurred

Describe In Detail The Immediate Action Taken and By Whom:

Investigation Information

Was first aid provided?	☐ Yes ☐ No	Were photos taken?	☐ Yes ☐ No	Was participant transported by ambulance?	☐ Yes ☐ No
Was equipment working properly?	☐ Yes ☐ No	Did participant return to activity?	☐ Yes ☐ No	Was participant picked up by legal guardian?	☐ Yes ☐ No
Was a ticket put in to 311?	☐ Yes ☐ No	Were parents notified?	☐ Yes ☐ No		

Preparer's Comment or Recommendation

Preparer: (name, signature, title)	Date	Phone Number